Medical Emergency Release

In the event of sudden illness, accident or injury which may occur while said minor is engaged in activity supervised by the representatives, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give my consent pursuant to California Civil Code #25.8 for emergency treatment as shall be necessary under circumstances by any physician licensed under the Laws of the State of California in consideration of my or my child's participation in the activity, I hereby release and discharge the City of Carlsbad (which includes its officers, employees, agents, and elected and appointed officials) from any and all claims for personal injury.

SIGNATURE	DATE	
Family Physician	Phone	_
Land to the same of the same o	n (Epilepsy, diabetes, allergies, etc.) Yes No. If yes, explain:	_
Parent Emergency Phone #	In case of emergency (if parent cannot be contacted) please noti	fy:
Name	Phone	_
Name		_
My child takes the following medic		
Medicine	Time Given	
Staff is not permitted to dispense any me	fication not prescribed by a physician. A physician's note must accompany the medication that is to be dispensed.	



Non-Discrimination Policy

Carlsbad's Nondiscrimination Policy allows access for all residents wishing to participate in the Recreation Department's programming. The City of Carlsbad and the Recreation Department prohibit discrimination on any basis protected under state or federal law in the administration of, or providing access to its programs or activities.

The City of Carlsbad encourages individuals with disabilities to participate in its programming. Citizens with a hearing impairment can utilize the services of California Relay Services for the hearing impaired (C.R.S.). C.R.S. personnel can be reached to relay your recreation inquiries to us in the Recreation Department by dialing (760) 602-2440.



